Borderline Personality Disorder - the simplified one pager by Sylvain Bausch

What is Borderline Personality Disorder?

Often rooted in childhood trauma, BPD is a a long-standing pattern of intense, rapidly shifting emotions and difficulty regulating them, with most patients being female. Typical symptoms (as per DSM 5) are:

- A deep fear of abandonment, leading to frantic efforts to avoid real or imagined rejection, that often precipitate the very event that the BDP fears ("relationship sabotaging") ; shame is common.
- Unstable relationships marked by cycles of idealization ("all good") and devaluation ("all bad") called "splitting".
- Unstable self-image and sense of self; identity can feel unclear or change quickly. Chameleon-like, BPDs tend to adapt their interest to their current partner or "best friend".
- Impulsivity in areas that can be self-damaging (e.g., spending, sex, substances, bingeing).
- Recurrent feelings of emptiness and chronic loneliness.
- Intense, inappropriate anger or difficulty controlling anger; sometimes sudden outbursts.
- Stress-related paranoia or dissociative symptoms (feeling unreal/detached) at times.

History often includes trauma, invalidation, or attachment disruptions.

Can it be treated?

While it is one of the more serious personality disorders, BPD can be treated. The strongest evidence is for structured psychotherapies like DBT, MBT, Schema Therapy, and (in some cases) TFP. Medications can help specific symptoms or co-occurring/comorbid conditions, but have had little success in treating BPD itself. For assessing treatment, two questions need to be answered: how serious is the condition, and is there co-morbidity (frequent: depression, substance use disorder, but also other personality disorders like anti-social or avoidant PD). Improvement usually takes months to years of consistent work, but many people achieve far better emotion regulation, steadier relationships, and quality of life.

What to do if your girlfriend has BPD?

Encourage evidence-based treatment (e.g., DBT, MBT, Schema Therapy) and offer practical help for a first step (sharing contacts or booking one assessment), without pressure. Set clear, consistent boundaries (no insults, no intoxicated contact, logistics by one channel) and follow through calmly. Prioritize safety (yours and hers), have a crisis plan, and avoid alcohol-fueled conflicts.

Take care of yourself and realize that your number one loyalty should be to your own health and safety: consider therapy, peer support (e.g., family groups), and maintain your own routines and relationships. Don't underestimate the toxity of the relationship, and be ready to break off to protect yourself.

What is the typical profile of the target man of a BPD woman?

Two socio-demographic patterns recur: (1) higher-stability, higher-resource partners (professionals with stable jobs, older or established, steady income, housing, social capital) who can provide structure, status and practical support; and (2) similarly dysregulated partners (financially precarious, shared substance use, underemployment/irregular work where chaos is normalized. People who often get pulled in are steady, empathic caregivers who tolerate intensity, want to help, and may have weak or inconsistent boundaries ("nice and generous men", sometimes with a rescuing or codependent streak). Conversely, securely attached partners with firm, calm limits tend to fare better and are less likely to be drawn into unstable cycles.